



Iowa Child Advocacy Board



Recommendations to the Iowa Department of Human Services

INTRODUCTION: Last year, over 1,000 Court Appointed Special Advocates (CASAs) & Citizen Foster Care Review Board volunteers spent over 55,000 hours working within Iowa's child welfare system to assess the situations of thousands of abused and neglected children and to advocate for these children's best interests. With input from these caring and committed people from across the state, the Iowa Child Advocacy Board offers the following recommendations to improve the welfare of children in Iowa.

The Iowa Child Advocacy Board (ICAB) is an independent board composed of nine members appointed by the Governor of Iowa and confirmed by the Iowa Senate. ICAB establishes policies and procedures for two volunteer child advocacy programs: the Court Appointed Special Advocate (CASA) program and the Iowa Citizen Foster Care Review Board programs. Along with establishing these programs to support the work of citizen volunteers helping abused and neglected children, Iowa Code Chapter 237, Division II also requires ICAB to report annually on issues affecting the best interests of children in Iowa's child welfare system and to offer recommendations for improvements. This hand-out is one part of the ICAB's 2007 annual reporting. Please contact ICAB (see below) to request a copy of "2007 Iowa Child Advocacy Board Findings" and hand-outs with ICAB's 2007 recommendations to the Iowa General Assembly and the Iowa Judicial Branch.

February, 2008

RECOMMENDATIONS

1. WORKER TURNOVER: Establish state-wide and service area goals and initiatives to reduce worker turnover as well as the number of children and parents who experience multiple changes in their assigned worker.

2. CASE TRANSITIONS: Improve policies that guide how children's services, permanency goals and other features of case plans are transitioned from one worker or service unit to another, including following a termination of parental rights.

3. PLANNING AND SUPPORT FOR CHILDREN TRANSITIONING TO ADULTHOOD:

- Ensure that adult-transition planning and progress monitoring is underway for all youth 15 years of age or older that are in a DHS supervised placement and that all such plans contain clear and realistic action steps to attain successful adult living skills and conditions.
- Ensure that youths' transition plans with DHS are developed and implemented in coordination with any special needs education transition plans in place or being developed.
- Identify and take steps to increase the number of youth accessing Medicaid, living stipend and Iowa Aftercare Services Network supports.

4. CASE PLANNING:

Case Plans: Assess and improve the written case plans for ease of understanding by parents and other interested parties and require that case plans include permanency goal target dates.

DHS – School Coordination: Establish protocols with the Department of Education, local school districts and Area Education Agencies for the sharing of child welfare case planning and school information on attendance, achievement and special needs education plans for all children under DHS custody or supervision. Ensure that such protocols address children's moves between schools and school districts due to foster care placement changes.

ICAB is an attached unit within the Iowa Department of Inspections and Appeals and can be contacted at: Iowa Child Advocacy Board, 321 E. 12th St, Lucas Building, Des Moines, IA 50319; 1-866-448-4608; cab@dia.iowa.gov

5. YOUTH AND PARENT PEER SUPPORTS:

Elevate: Continue to support the establishment of Elevate chapters throughout the state.

Parent Partners Program: Expand efforts to establish parent-to-parent supports that assist parents participate in case planning and meet service and reunification goals.

6. FAMILY CONNECTIONS:

Family Team Meetings:

- Hold a family team meeting for each child for whom DHS has responsibility as soon as practical, and regularly thereafter until the case is closed.
- If resources are not sufficient for regular family team meetings in all cases, determine case-types most likely to benefit and establish state policies to guide case selection for family team meetings and their frequency.
- Specific and distinguishable goals for family team meetings and case staffings (where DHS staff, providers and other selected parties meet to discuss the case) should be clarified and consistent across the state.

Parent Visitation: Direct child welfare funding, state-wide policies, service area practices and service provider contract provisions toward increasing the number, frequency and positive impact of parents' visits with their children in placement in every case for which reunification is the goal.

Sibling Visitation: Continue to expand efforts that maintain regular visits and other positive connections among siblings whenever one or more of them are removed from their parents' home.

Placements with Relatives and Guardians:

- Continue efforts to more actively seek and support relatives and other connected adults willing and able to care for children removed from their parents' home and placed under DHS custody or supervision.
- Establish policies to guide the seeking, approval, support and ongoing monitoring of DHS-supervised child placements in the homes of persons not licensed as foster parents.
- Continue efforts to educate the general public and system partners about the need for permanent guardians for some children and about the existence of Iowa's subsidized guardianship program. Provide updates about the Subsidized Guardianship Waiver Demonstration Program at regular intervals to show utilization and projections for long-range fiscal impacts.

7. PARENTAL SUBSTANCE ABUSE AND MENTAL HEALTH:

- With the Judicial Branch and the Iowa Department of Public Health, continue to support the new *Parents and Children Together: A Drug Court Initiative* and the *In-Depth Technical Assistance Project with the National Center on Substance Abuse and Child Welfare*; through these initiatives, promote the development of new coordinated case planning, treatment delivery, service funding and case monitoring approaches that connect the child welfare and substance abuse service systems.
- Assess the extent to which parents' compliance with court-ordered reunification plans is hindered by their inability to pay for medication prescribed for a mental health condition they have been court-ordered to have treated. Ensure that all possible steps are being taken to assist parents access needed medications when they have children in placement or at risk of placement.

8. SYSTEM REDESIGN:

Progress and Monitoring of System Redesign Components: Provide periodic public reports to document process and result measures, issues of concern and future plans for:

- centralized child abuse assessment policies and practices
- community care provider services and statewide services management contract
- children's mental health waiver and remedial services and statewide services management contracts
- transitioning to adulthood initiatives and statewide service contracts
- resource [foster and adoptive] family program services and statewide service management contract
- safety plan services and family safety, risk, and permanency services and related service management contracts
- drug testing services and statewide services management contract
- other major initiatives designed as demonstration projects (e.g. Family Finding, overrepresentation of minorities in the child welfare system, other)

Group Care:

- As the forthcoming redesign of foster group care is developed and implemented, include goals and plans to:
 - ✓ minimize the disruption of any currently placed children
 - ✓ reduce the number of children placed away from their home community
 - ✓ reduce the number of children with special needs who have historically had to wait for a placement or go to a "second choice" placement due to the nature of their special needs
- The redesign process should view the state's foster group care services as one part of a network of DHS supported statewide placement services that also includes PMICs, MHI child and adolescent units, State Training School and Juvenile Home programs, shelter care, detention and foster and adoptive family homes. The redesign should include goals and plans that help address the need or perceived need for additional PMIC bed space and otherwise view the redesign of foster group care services as an opportunity to improve the adequacy of the overall placement service network.
- The redesign process should encompass all recommendations adopted from the 2007 Toledo Study Group Report, the 2007 Iowa Group Care Usage and Waiting List Report and the 2007 Iowa's Highly Structured Juvenile Program Report.
- To avoid fragmentation of services, new policies should include clear directions to DHS workers and providers for the coordination of treatment planning, service delivery, progress reporting and case management activities whenever DHS-funded mental health or family safety, risk, and permanency services are provided to a child in foster group care as separate services from the services the child receives from the foster group care service provider.

Case Reviews:

- Continue efforts with the Judicial Branch and the Iowa Child Advocacy Board to improve the coordination and impact of activities that collect and review information about cases to aid case planning for specific children as well as to facilitate the improvement of system policies and practices.
- Continue to promote the alignment of case and system review policies and practices with federal CFSR requirements and guidelines for practices, policies and outcomes.